

06/14/00  
JC853 U.S. PTO

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	226/132
	First Named Inventor	Robert C. Dixon
	Original Patent Number	5,850,600
	Original Patent Issue Date (Month/Day/Year)	12/15/98
	Express Mail Label No.	EL524788042US

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/>	* Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/>	Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/>	Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/>	Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/>	* Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired
5. Original U.S. Patent  <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)  or  <input type="checkbox"/> Ribboned Original Patent Grant  <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))  <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)  <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	11. <input type="checkbox"/>	Preliminary Amendment
		12. <input type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
		13. <input type="checkbox"/>	Other: .....

\*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label	<input checked="" type="checkbox"/> 22249 (Insert Customer No. or Attach bar code label here)		
PATENT TRADEMARK OFFICE			
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Signature			Date 6/14/00

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Express Mail #EL524788042US  
Docket No. 226/132  
June 14, 2000

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
226/132

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 25	**** 5 = x \$ ____ =	or	18	90.00	
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 = x \$ ____ =		78	156.00	
Basic Fee (37 CFR 1.16(h))				\$ ____		\$ ____	
Total Filing Fee				\$ ____	OR	\$ 936.00	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee				\$ ____	OR	\$ ____		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.  
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6/14/00  
Date

Signature of Applicant, Attorney or Agent of Record

Steven D. Hemminger

Typed or printed name

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Docket No. 226/132

June 14, 2000